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C) 00 FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

A A A A A A A A A A A A A A A A A A A	
Person Making the Disbursements/Obligations	
(a) Name	•
Republicans Who Care Individual Fund (b) Address (number and street) Chack if different than previously reported	
1220 L Street, NW 100273	2. FEC Identification Number
(o) City, State and ZIP Code	C
Washington: DC 20005	
(d) Name of Employer or Principal Place of Business (e) Oc	coupation
x New	w u - 3 = 1 y y y + 1
In This Statement	10 17 2008 through
	8 4 / 9 5 7 / 7 7
Amended	10 21 2008
(a) Date of Public Distribution(s) 1 0 2 1 2 0 0 8 (b) Communi	ication Title "Tax Break"
The filer is a(n): (a) Individual (b) Unincorporated Organization (c) Qu	ialified Nonprofit Corporation (11 CFR 114.10
	communications under 11 CER 114 15
	Collinations allow 11 Or 11-10
(e) X Other, specify: <u>527 Non-federal committee</u>	
If the filer is an individual, unincorporated organization or qualified non- were the disbursements made exclusively from donations to a segregar Cuatodian of Records	
(a) Name Sarah Chamberlain Resnick	
(D) Address (number and street) 1220 L Street NW #100273	
(c) City, State and ZIP Code Washington, DC 20005	
(d) Name of Employer or Principal Place of Business (e) O	ccupation
Self	Consultant
Total Donations This Statement	.2 1 0 0 0 0 0 0
Total Disbursements/Obligations This Statement	69 000 00
Under penalty of penjury, I certify that this statement is true, correct and complete.	
TYPE OR PRINT NAME OF PERSON COMPLETING FORM / Sarah Chair	mberlain Resnick
	TE10/21/2008

FEC FORM & (REV. 12/2007)